

Perspectives in Infant Mental Health

Professional Publication of the World Association for Infant Mental Health

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Presidential Address

What has Infant Mental Health Got to do With Donald Trump?



By Kai von Klitzing, MD, WAIMH President, Germany,

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In a small rural community close to my university, a refugee family from Afghanistan came under attack after their state benefit was made public illegally on the internet. The family (with 5 children all aged under 12 years, including a 6-month-old baby) was threatened with violence from local inhabitants who were enraged by the amount of money that the refugee family received from the government. The local people themselves are usually not very well-off, but the unemployment rate of the community is currently the lowest it has been since 1990. Moreover, the proportion of migrant population is less than 5%. Nevertheless, the local people were full of resentment and envy. In the end the family had to move to another city

to escape the threat of violence.

Right-wing populist parties and movements (Betz & Immerfall, 1998) build their growing success in established democracies on reflecting this kind of negative feeling in parts of the population. Appealing to public anxieties in the wake of rapid economic change, these movements successfully mobilize and exploit popular resentments against immigrants, minorities, and the political establishment. As a result, the radical populist right has become a severe and potentially destabilizing threat to the democratic systems in many countries.

Developmental science can contribute to an understanding of such destructive social processes. Research has shown that humans, like their nearest animal relatives, tend to build their growing capacity to cooperate with others on their sense of a belonging to an in-group, in contrast to out-groups whose members are perceived as rivals or even enemies. Oostenbroek



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& Over (2015) have demonstrated that even young children prefer members of their own group to members of out-groups. Five-year-old children (and to a lesser extent four-year-olds too) treat out-group members differently from neutral individuals within a social learning context. Children of this age do not simply ignore the out-group but actually compare and contrast their behaviour to that of the out-group members. From around 5 or 6 years of age, children start to treat out-group members more negatively than neutral individuals (Buttelmann & Böhm, 2014). Children of this age tend to distance themselves behaviourally from out-group members. It seems that they do not merely show in-group preferences but react directly to the behaviour of the out-group (Misch, Over, & Carpenter, 2016; Plotner, Over, Carpenter, & Tomasello, 2015).

Young children are aware of being members of specific social groups or categories. Children acquire a basic knowledge about the structure of their social environment at a very early age; they learn which groups exist, how they are labelled, and which evaluations are associated with them (Degner & Wentura, 2010). If preschool and early school children are asked to categorize pictures of persons of their own ethnicity vs. those of a different ethnicity, they act faster and more accurately to the same valence, and slower and less accurately to targets of a different valence. Social psychology concludes from this priming effect that an automatic prejudice process is already at work at this early age. Depending on the task, the priming procedure yielded differences in children's automatic responses from the age of 6 upwards (Baron & Banaji, 2006).

Political campaigns that build on the slogan "my group/ my country comes first" succeed because of the deep human need for belonging to an in-group, which is seen as superior to an out-group. An in-group identity might take over the function of providing safety to the individual from earlier dyadic (attachment) and triadic relationships during infancy. The wish to belong to a group might have an evolutionary function – from times in which survival was guaranteed by belonging to the stronger group at the expense of the inferior or defeated group. Feelings of aggression, envy and resentment towards members of the out-group – like the response of the above-mentioned community towards refugees – might indeed have had survival value. In psychoanalysis we have several theories about how such negative feelings towards human objects and object representations

develop from relational constellations in early childhood. S. Freud (1921) associated mass phenomena in large in-group settings with the development of narcissism. The narcissistically vulnerable individual identifies with all the other members of the group who feel attracted to an idealized leader. Klein (1946) has drawn our attention to "primitive" early defence mechanisms in which our own negative feelings (such as hate, greed etc.) are projected into the person opposite, who then must be fought. Idealization of the identity of one's own group, adherence to a strong leader, and aggression towards external enemies are important psychological backgrounds to the growing populist movements all over the world.

But the world is no longer a place in which fighting and defeating one's enemies guarantees survival of one's own group. The survival of the human species has long been a global task. One example of the struggle for global survival has been the topic of the 2016 General Discussion day of the Committee on the Rights of the Child on "children's rights and the environment": the excessive use of energy for the economic wellbeing of few rich countries leads to tremendous climate problems in other parts of the world (global warming, expansion of desert zones in Africa, rise of sea levels, etc.). This can cause such dramatic decline in resources for living (water, fertile land etc.) that it leads to military distribution battles and new movements of mass migrations, which in the end can destabilize the countries of the northern hemisphere as well.

Therefore there is a need for other human qualities, in order to ensure global survival and wellbeing. We have to extend our disposition of cooperation over and above our own immediate in-group to the global world community. We have to overcome our automatic prejudice against those fellow human beings who look different and come from other cultural backgrounds than we do. Rich countries have to limit their craving to become even richer at the expense of poor countries. The community of industrialized nations has to find a fair way to distribute and integrate the millions of refugees who flee from war and poverty. Individual capacities of empathy, moral commitment, and reflective functioning can be the basis for such urgently needed global solidarity within and between our societies.

And guess what is the ontogenetic root of such prosocial capacities? When and how do human individuals lay the foundations for empathy, moral principles, and reflective functioning?

These qualities are rooted in infancy, and early relational experiences are the most important catalysts. Scientific findings suggest that as early as the second year of life, prosocial behaviour of infants develops from a reliance on action understanding and explicit communications to understanding others' emotion (Svetlova, Nichols, & Brownell, 2010). Complex altruistic motivation appears to be a later phenomenon, which builds upon the more basic prosocial motivation emerging and developing in toddlerhood. Warneken & Tomasello (2009) suggest that human infants are naturally altruistic, and as ontogeny proceeds and they must deal more independently with a wider range of social contexts, socialization and feedback from social interactions with others become important mediators of these initial altruistic tendencies. Emde (1991) emphasized that infants internalize knowledge schemes for action that are both evaluative and strategically directive during their early interactions. Most emotionally engaging experiences of infancy are stored as procedural knowledge and are made use of in ways that are not accessible to consciousness; such experiences nonetheless contribute to the development of the affective core of an early moral self. Significant advances in moral development take place in later childhood or even adulthood, but these achievements have deep, constructive roots in the experiences of early childhood (Thompson, 2012). Fonagy, Steele, Steele, Moran, & Higitt (1991) have shown that the young child develops a coherent sense of self and identity through interactions with empathic and reflective caregivers and that this is the basis for capacity to imagine the minds of others and to mentalize in relation to others.

All these qualities and capacities continue to develop throughout life, but they are rooted in healthy experiences in dyadic, triadic, and polyadic relationships with caring adults during early childhood. Without the positive experience of adequate interactions with loving others during infancy we bear a lifelong risk of being overwhelmed by destructive impulses towards the self and others. Early emotional neglect can make us narcissistically so vulnerable that we are at significant risk of identifying with destructive groups and their idealized leaders and of directing our hate and envy towards members of out-groups, such as refugees, other religions, other cultures, and political opponents. In the long run, if we want to protect our social environments from destabilization and from populist ideas taking over our hearts and those of our fellow citizens, we must advocate for an improvement in the living

conditions and relational experiences that the societies of the world offer to their youngest members.

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From the Editors



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This issue, the final one of 2016, is dedicated to the physical, emotional and relational health of infants, families and communities around the world.

Kai von Klitzing, in his meaningful President's Column, poses a provocative question when he asks, "What has Infant Mental Health Got to do With Donald Trump?" Kai is courageous in his observations about the current political climate and struggles for survival around the globe. He reminds us, *"In the long run, if we want to protect our social environments from destabilization and from populist ideas taking over our hearts and those of our fellow citizens, we must advocate for an improvement in the living conditions and relational experiences that the societies of the world offer to their youngest members."*

The President's Column is followed by an immigrant family's story, submitted by Ombretta Zanon, Marco Ius and Paola Milani, in which the authors discuss the complexity of needs of one family, displaced in a new country, requiring collaboration across multiple systems to effectively and empathically respond.

Eloquent spokeswomen, Maree Foley and Miri Keren, both WAIMH Board Members and strong advocates of Infants' Rights, represented WAIMH at a meeting about children's rights in Switzerland this summer. They report their experiences in this issue of *Perspectives*.

The World in WAIMH challenges us to think deeply about the babies as we face continuing crises around the world. First featured in *Perspectives* in the summer of 2014, we offer again, "What to do about the babies? Ten Questions to ask Nelson Mandela and Martin Luther King" by Joshua Sparrow.

Final features include attention to growth and development in the field of infant mental health as new associations are forming around the world; a window into the activities of one US affiliate the Wisconsin Alliance for Infant Mental Health; an introduction to reflective group practice from an emerging scholar, Jennifer Champagne; Special Issues of relevance published in the *Infant Mental Health Journal*; and updates from the WAIMH Central Office in Tampere.

As always, we invite comments and responses to what is published in WAIMH *Perspectives in Infant Mental Health*. We are thankful to those authors who worked throughout the year to bring attention to the complex needs of babies, parents, families and communities through scientific studies, advocacy efforts, programs and clinical case reports. We continue to search and welcome submissions that challenge the way we currently think about infancy and early relationship development, and offer fresh perspectives on parenting and early childhood. We end the year with hopes for greater understanding and a more peaceful coexistence in communities across the world.

An Immigrant Family's Story

A Shared Care Plan for Early Childhood Development: A Partnership Experience between Families, Early Childhood Services, Social and Health Services



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Family Vulnerability and the Integration of Protective Interventions

From the beginning of the Twentieth Century, thanks to having adopted an experimental method, the essays on several theoretical perspectives, above all dealing with psychology and pedagogy, significantly contributed to gaining knowledge regarding child development. Together with the gradual specialization of the various disciplines, clear distinctions and hierarchies between the different fields of knowledge and of their pertaining professionalism on interventions during childhood simultaneously arose, in especial connection to the relationship between areas regarding health or education support. More recently, specifically because of the systemic perspective, psychological, social and educational studies have theorized on the importance of integration of the different dimensions of child development, so as not to disperse the “hundred languages of children” (Edwards, Gandini, Forman, 1999). The bio-ecological approach of human development conceptualized by Bronfenbrenner (1986, 2010) has moreover, asserted how a peaceful and comprehensive development of the children is supported by the cooperation of the “mesosystem” between all the adults involved in the care of the selfsame children.

This theoretical framework which pays major attention to the variables of background has brought into being a *relational* concept of child development which one must consider when working on the child's education and especially in the case of protection by the welfare-social and educational services because of negligence or child abuse. The ecological-relational perspective does not only take on the protection of the child but the “whole world of the child” made up of his/her emotional bonds and by the links which are established between each other (Serbati, Milani, 2013).

The in-depth analysis of this article specifically regards vulnerable family situations which reveal the alleged “parental neglect” meant as “a significant deficiency or failure to respond to the needs of the child's needs which are acknowledged as fundamental, on the basis of the current scientific knowledge or/and social values adopted by the community in which the child lives” (Lacharité, Éthier, Nolin, 2006, p. 384). The term “neglect” etymologically derives from *nec-ligere*, which means “not attach” and “not choose”, and therefore reveals the difficulties on the part of adults in identifying the developmental needs, (and in some cases the abilities), of children and positively responding to them. According to this ecological and dynamic concept, the critical factors which are at the base of parental neglect place themselves on two different sides of the family relationships: between parents and their children and between the family and its social context. As a consequence, the most efficient interventions in preventing and reducing negligent behavior on children do not correspond to increasing the number of interventions not coordinated one to the other but instead in supporting which implies the participation and collaboration

of everyone who has a role in the “child's world”, beginning from the family itself.

Whilst the theories and practices of partnership in childcare services in Italy are generally widespread and often innovative (Guerra, Luciano, 2009; Milani, 2008), the joint educational responsibility between early childhood services (ECS) and other forms of protection in the social and healthcare sector in favor of the child who lives in a fragile environmental condition, seems to be still incomplete and not homogeneous enough. The vast legislation regulating the work involved in multidisciplinary teams is not at all enough in reducing the fragmentation often observed in childcare facilities in the same territory. The reasons behind the difficulties in cooperating between the services seem to be due to different types of factors (Milani, Zanon, 2010), mainly ascribable to:

- a) *Cultural variables*, connected to performances and the stereotypes which are mutually activated by the professionalism demonstrated in the different spheres, the lack of knowledge of the mode of operating in other services and the need of systemic opportunities in inter-professional training;
- b) *Organizational variables*, which very often cause pragmatic restraints as regards to the programming of inter-professional and inter-institutional meetings and slow down the flow of information and the decision-making processes shared between services.

The real challenge nowadays, in child care and protection, is that of contemplating the variety of points of view and professional interventions as the necessary conditions to encompass the “child's world” and therefore elaborate the most pertinent method to support his/her

development. Bronfenbrenner believes that this professional (and personal) attitude of listening and negotiation is the principle guarantee for scientific progress: "The question will be whether we have the ability and the wisdom to deal with the complexity of phenomena which we are attempting to find out about. If we persist in letting things go towards fragmentation, towards an increasingly marked division between the various segments of society, our knowledge might undergo a *regression*. I think that both of these regressions can be avoided as nowadays we are beginning to understand fairly well which essential efforts are needed to tackle with the widespread tendency of disintegration and therefore allow us to go ahead" (2010, p. 113).

In this paper we will refer, in particular, to the preventive and promotional role which educational services in early childhood can play in their daily intervention in favour of children in situations of family negligence (Zanon, Serbati, Milani, 2015). We will further on describe an exemplifying experience where the team building of forms of joint responsibility between the child care and protection services, the social and educational services and a mother have made it possible to establish a care path for the child and its mother, which proved to be effectual for the development of an improved well-being for all the family and for the professionals, too.

Early Childhood Services as a Means of Prevention and Protection of Children & their Families

Research and background data of services related to early childhood confirm how the actual number of "delicate" children is getting increasingly higher and higher and who report even if only temporarily some form of uneasiness, specifically on an emotional-affective and behavioural level (Bombèr, 2012; Ongari, Tomasi, Zoccatelli, 2006). The familiarity of an uninterrupted relationship established on a daily basis between the child aged 0 to 3 and its educators, (including the staff that takes care of the auxiliary services and preparing food), do indeed make the early childhood services a privileged place for an early assessment and response to the "regular" or "special" developmental needs during childhood.

The recent concepts of developmental psychology and notably regarding the construct of *resilience* (Cyrulnik, 2009;

Milani, 2010), have in fact reconsidered the correlation which until recently was held to be almost deterministic between the negative experiences in early childhood and the problematic nature of his/her future life. The internal protective factors, both the domestic and social ones are in fact able to compensate the effects caused by the difficulties encountered and stimulate new opportunities of rehabilitation and of positive self-realization of the person. Thanks to the early childhood ability of establishing multiple or "light" attachments with the different adult educators (Cassibba, Van Ijzendoorn, 2005), where there are cases of children living in family and social contexts of emotional or physical deprivation, the childcare educators can therefore take on the role of "resilience tutors" in order to heal the wounds and trigger off new hopes and abilities in them (Ius, Milani, 2011). For this reason, early childhood services represent a fundamental crossroads for the network of services dedicated to the protection and care of the child and they can intervene with a vast list of preventive and repairing actions addressed both to children and their families.

As already mentioned in the paragraph above, according to the bio-ecological approach, the support given to child development is achieved above all, by binding stronger relationships between him/her and his/her parents within the social context, therefore the contribution given by early childhood services to the child's life plan directly involves the child's parents, too. Educators have many opportunities to encounter parents, (*all* the parents), moments both during the day or over the entire school year, where they can blaze together new trails for major attention or for further thought on the development of their child. This continuous exchange can count on childcare services with several facilitating factors, as the bonding and intimacy which is created in families when sharing the care of a young child starting from the delicate settling-in period (Milani, 2010). Moreover, the educational purpose and not directly the "therapeutic" one of ECS is able to significantly reduce the parents' fears of having an "abnormal" child and consequently of recognizing their parenting skills, when aspects of vulnerability are noticed. From the inside of a positive relationship, it is much easier to invite families to turn to other local specialist services, in the case in which the educational intervention carried out at ECS is considered to not be adequate enough for the child's needs.

The National Programme P.I.P.P.I.

The P.I.P.P.I. (Program for the Intervention and Prevention of Institutionalization) is a National Research-Training-Intervention programme conducted in partnership with LabRIEF (Laboratory for the Research and Intervention for Education of Families) of the FISPPA Department of the University of Padua, and the Italian Minister of Labor and Social Affairs. It was launched in 2011 and is currently underway with its fifth implementation for the two-year period 2016/2017, with the participation of 1500 families from 19 Italian regions (Milani et al., 2014). The programme is named P.I.P.P.I. in homage to the character Pippi Longstocking who symbolizes the resilience of children and the resources they have, together with their environment, in coping with difficult situations. It is intended to family with 0-11 year old children facing a situation of neglect, and it aims at preventing child placement or in certain cases, if necessary, to place the child out-of-home with "pertinence" and to foster family reunification (also reducing the period out-of-home), thanks to a series of intensive and combined interventions on the part of the different services in charge of protective measures. With the purpose of implementing identified goals, the programme, in fact, provides every family participating with the simultaneous activation of four "specific activities":

1. cooperation between family, schools, and social and health services;
2. home care intervention;
3. parent and child groups;
4. natural family helpers.

The part of the programme regarding the partnership between the educational, social-welfare services, the early childhood services and the schools attended by the child, and the family itself is considered to be a fundamental methodological principle and a predictor of the efficacy of family care path.

In order to work with families within the approach of participative and transformative evaluation (Serbati, Milani, 2013), professionals use RPFonline, a web interface developed by LabRIEF and C.S.I.A. (Information Technology Centre, University of Padua), which supports all the different steps of the work developed within families and the programme evaluation, by linking together the "social" and "informational" requests of professionals' work (Parton, 2008).

RPMonline is based on the Italian adaptation of the British Common Assessment Framework (Parker, Ward, Jackson, Aldgate, & Wedge, 1991, Department of Health, 2000), so called the Multidimensional Model of the Child's World and has a triangular structure with the three sides representing the 3 dimensions of Environment (base), Child's needs and parental responses to child's needs, and 7, 5 and 5 sub-dimension accordingly (in order to allow the reader to see the different version of the triangle, in the figure below, the version with professional language is reported, later the graph reports the sub-dimensions' titles belonging to the child version).

All the professionals of the Multidisciplinary Team working with a child and family cooperate and document their work in a child-dedicated RPMonline space, where during the three periods of time within the implementation (T0, T1, T2), they register for all the 17 sub-dimensions, both qualitative assessment – putting together the voices of the different actors and negotiating a common meaning – and quantitative assessment (The Child's World Questionnaire CWQ) – using a six-point Likert-scale where 1,2,3 go from serious, moderate, slight problem, 4 is baseline/

adequate, and 5, 6 mild, clear strength (Serbati, lus, Milani, 2016). Furthermore, they can micro-plan outcomes to reach the sub-dimension where together they can define the need to change or improve something or to empower a strength, and to evaluate the outcomes of intervention. Data of the CWQ and of the results of micro-planning outcomes are used to evaluate intervention.

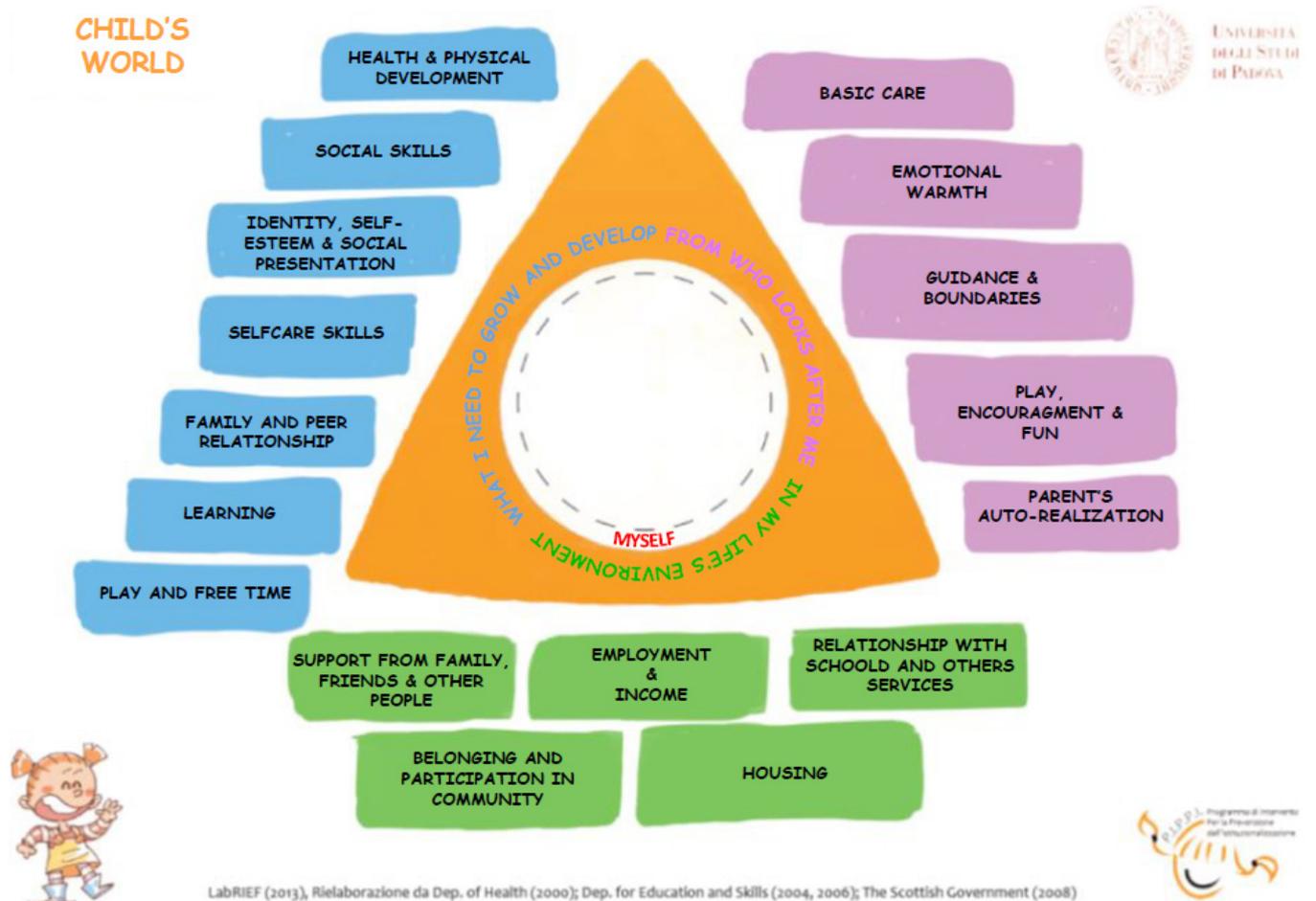
The Best Practice of Partnership: A Case Study

The experience herewith illustrated, was carried out within the work done by the services in charge of child care and protection of a town participating in P.I.P.P.I. After a brief description of the family history and situation at the report time, here below is reported a part of the information on the results obtained and the processes of the family care path, with particular reference to the role played by the early childhood service in the work carried out by a multi-professional team. The quantitative outcomes will be described using the CWQ results data, and later the case will be presented qualitatively by a narrative reporting the

voices of the mother and professionals that were gathered through brief interviews during the final assessment, and that will be reported in italics.

Lidia and Francesco's Case Study

The protagonist of this case study is a one-parent family that participated in the P.I.P.P.I. programme, composed of a mother aged 27, Lidia, of Eritrean nationality, and her ten-month-old son who we will name Francesco. Lidia is a young woman who at the age of 18 escaped from her country, where she had been living with her parents, so as to avoid the calling to arms. She settled in Italy after having wandered for several years in various countries. With the help of a compatriot, she found a job as domestic help and accommodation through a landlord in a basement flat. It is in this sort of cellar that Francesco is brought up during the first months of his life. Right from the start, the mother began worrying about her child's state of health and she often turned to the emergency ward at the hospital, even for the most common ailments which the pediatrician could have easily dealt with. Exactly because of this, social and health services found out about the situation regarding



Picture: The Mutidimensional Model of the Child's World (professional version). Published by permission of the authors.

the family and activated a path of support: mother and child were initially allocated to a residential service and then eventually assigned a house in the residential public housing. During this initial phase of acquaintanceship between the mother and the social and health services, the professionals became increasingly aware of the effort experienced by this young woman who, without being able to rely on any type of family or social network, found herself alone in facing the requests of a young child whom she has a very strong relationship with. Moreover, Lidia seemed to be very worried about guaranteeing the financial needs for her son and therefore was highly apprehensive about losing her job. She consequently worked a lot and was very much concerned about whether her little one was unhappy without her, so much so, that when she was away from home she called her fellow countrywoman friend with whom she had entrusted her child to, very frequently. Henceforth, when Francesco was alone at home with her, she constantly kept him in her arms and complied to any of his requests. Furthermore, because she was torn away from her cultural context and from the knowledge on child care which belongs to her country of origin, the mother lived in a situation of discomfort and uncertainty and found it difficult to undertake, in certain circumstances, well-treating behaviors with her child (Barudy, Marquebreucq, 2005; Pourtois, Desmet, 2004). As a consequence, she appeared to reveal to child care and protection service, "a significant deficiency or a lack of response offered towards the child's needs" (Lacharité, Éthier, Nolin, 2006, p. 383). The social services, which were already taking part in the P.I.P.I. programme, therefore suggest that Lidia should participate together with Francesco to it, so as to help them develop a positive relationship and improve their level of integration in the social context.

The following radar graph illustrates the quantitative assessment at T0 (blue) and at T2 (light blue) and allows one to visualize the improvements obtained in the situation of Francesco's "Child's World" which was activated thanks to the intervention. We may consider that as regards to the sub-dimensions of the "Child's needs", the step of an assessment of the problem from "moderate or light" to a level of "normality" occurred in all the sub-dimensions except for "to be healthy" which moved from a light problem to a mild strength one and "to play and have free time" which goes from being a light problem to an adequate one.

In relation to the "Family" aspects which refer to what the person (parents and/

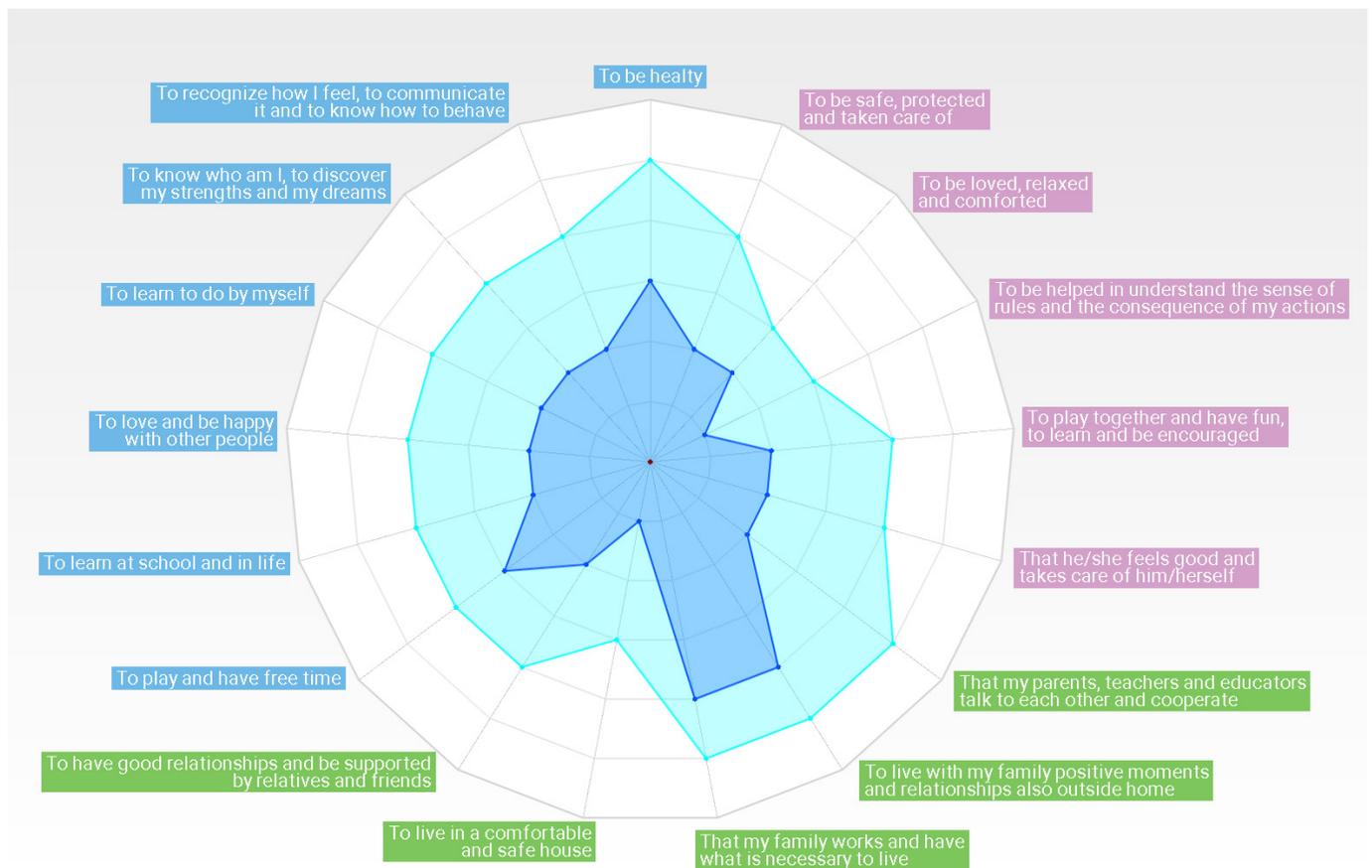
or carers) taking care of the child does to adequately respond to his/her needs, an improvement is highlighted (from 2 to 4) in the sub-dimension "to be safe, protected and taken care of", "to play together and have fun, to learn and be encouraged" and "that my parent/carer feels good and takes care of him/herself", an improvement from a level of seriousness to one of normality in the area of "to be helped in understanding the meaning of rules and the consequences of one's actions" and an improvement in the quantitative assessment from 2 to 3 as regards "to be loved, relaxed and comforted". In the Environmental dimension, the aspect "to live in a comfortable and safe house" varies from a level considered to be a serious problem to one considered as a light problem and "to have good relationships and be supported by relatives and friends" goes from 2 to 4. The sub-dimensions "to live enjoying positive moments with my family and also build relationships outside home" and "that my family works and has what is necessary to keep going" become a light advantage point, starting from an initial situation of inappropriateness and in the sub-dimension "that my parents, teachers and educators talk to each other and cooperate", there is an improvement that goes from a moderate problem to a light advantage point.

Lidia states, regarding her situation, right from when the care path began that: "At the beginning, I knew very few Italians and I often found myself in difficult situations and I didn't know what to do and got confused" (mother). This young immigrant woman didn't trust the social workers, who were, in their turn, wary about her "parent skills" and had considered it would be medium risk to place this child out-of-home and that there was the necessity to immediately intervene with a home care educator. The mother explicitly refused to benefit from this intervention as she was not able to fully fathom the benefits and the meaning she would gain in having this person at home. Moreover, Lidia neither wanted to nor could go to the child psychiatrist to assess the child's development, which had been requested because of the growing concern manifested at the early childhood service on a possible retardation regarding Francesco's cognitive and motor development. In line with the principle of participation which underlies the programme P.I.P.I., the professionals chose to not undertake a symmetrical position with the mother and to respect her opinion, suggesting that the educator should initially only go to the early childhood service. Therefore, "a delicate and extremely welcoming approach, allowing the parent to introduce

him/herself and to feel confident" (ECS educator). Monitoring the needs and the mother's ethnic and educational "culture" (Favaro, Mantovani, Musatti, 2006; Ungar, 2008) executed during the first part of the path, most probably contributed in reassuring her on the goals the educational intervention had and enabled her eventually to authorize the educator coming to her home, "As time went by, the level of trust between us deepened therefore the mother in some ways "opened the door" of her house and accepted the presence and help of a home care educator, who intervened both at our service and at home" (ECS educator).

The partnership between the family and the social and health services triggered off a series of significant improvements on some other aspects of the child's care, "the mother who was busy at work wasn't able to find the time to take Francesco to the child psychiatrist's surgery to assess his development. The collaboration between the social and health services enabled the organization of an observation point on the part of the child psychiatrist directly at the early childhood service. Francesco, in fact, was rarely motivated by his mother and this behavior did not favor his cognitive and motor development. As a result, the home care carried out both at the ECS and at home helped Francesco to improve in both these fields of development" (social worker). This action on the part of the services towards the family's "zone of proximal development" (Vygotsky, 1954) revealed to be extremely important, as it built "bridges" between the micro-systems and meso-systems: between the home and the early childhood service, the family and the professionals and between the services (Bronfenbrenner, 1986, 2010; Serbati, Milani, 2013).

This attitude of enhancement of the family's point of view regarding its situation was engineered thanks to the integration of the different professionalisms, "the periodic meetings of the team facilitated an excellent exchange of information: the fact that everyone involved had the same common and explicit goals favored their achievement even through the adoption of alternative personalized paths intended for a particular situation. Because of this collaboration, the mother who participated to the team meetings, was priceless" (social worker). The cooperation between the services and parents for the achievement of a unanimous plan "raised the awareness at the ECS in considering the child's needs, and also helped the mother in identifying other needs the child had other than those she contemplated as being important" (child psychiatrist). Professionals constantly



Picture: Radar graph regarding Francesco's "Child's World": levels recorded at T0 and at T2 (child version sub-dimension titles). Published by permission of the authors.

state the fundamental effect comparing information and negotiating can have on the results obtained by interventions, "The exchanges and relationships between the ECS educators, the home helper and the other social and health services involved were key to the success of the plan. Furthermore, in this case, the fact that an alternative strategy was all together thought of, contributed to working in the same direction, well aware of what the conditions and difficulties were. Periodically debating on the evolution of the plan, allowed one to "adjust the shot" and definitely made the intervention more effective"(ECS educator); "Initially, just as an observer, I was able to report to the ECS educators and to the services the family's resources and critical situations and thanks to a close contact between the different workers, we were able to piece together little strategies of intervention so as to strengthen the present moment abilities and minimize the critical situations"(home care educator). The innovative results of this "creative" method, with which a situation presenting a difficult parent was dealt with, is herewith summarized, "I believe that by a traditional approach to home care, we would never have managed to get inside Francesco's house"(social worker).

The challenge undertaken by the services

in this situation was that of decentralizing one's own vision of the circumstance, suspending judgment and carefully reviewing one's way of thinking "This family doesn't want to be helped" with a more productive assumption which says that "what lies beyond a refusal may be based on real or fantastic justifications which can make a form of "support" look like a threat for a parent"(child psychiatrist). Modifying one's "punctuation" of how one observes one's reality (Watzlawick, Beavin, Jackson, 1971) has contributed to substituting a hierarchical and theoretical assessment of this mother's "responsibilities" with a far more circular and speculative interpretation of the relationship which had established itself inside this family. The changes in their procedures all came from disputing in inter-subjective discussions on the part of professionals regarding their habitual "epistemology". The intervention did not have the purpose of "solving the problem" immediately and in a standardized way but to create, first of all, the conditions in which the mother's "voice" could help the services, all the services, in understanding whatever forms of support she believed to be acceptable in the framework of her biography and her universe of meanings (Milani, Serbati, Ius, 2015).

The fact that one "had to slow down

supporting, respecting what the mother could accept as a form of help" allowed one "to stop and attempt to understand what help means for a person or for its background"(child psychiatrist). This concern made it possible for Lidia to say at the end of this path: "Now I feel much more relaxed and I am able to do things better for my child whilst before I thought I wasn't able to do so"(mother).

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WAIMH and the United Nations Day of General Discussion on Child Rights and the Environment

By Maree Foley, Switzerland/New Zealand, maree.foley@xtra.co.nz and

Miri Keren, Israel, ofkeren@zahav.net.il

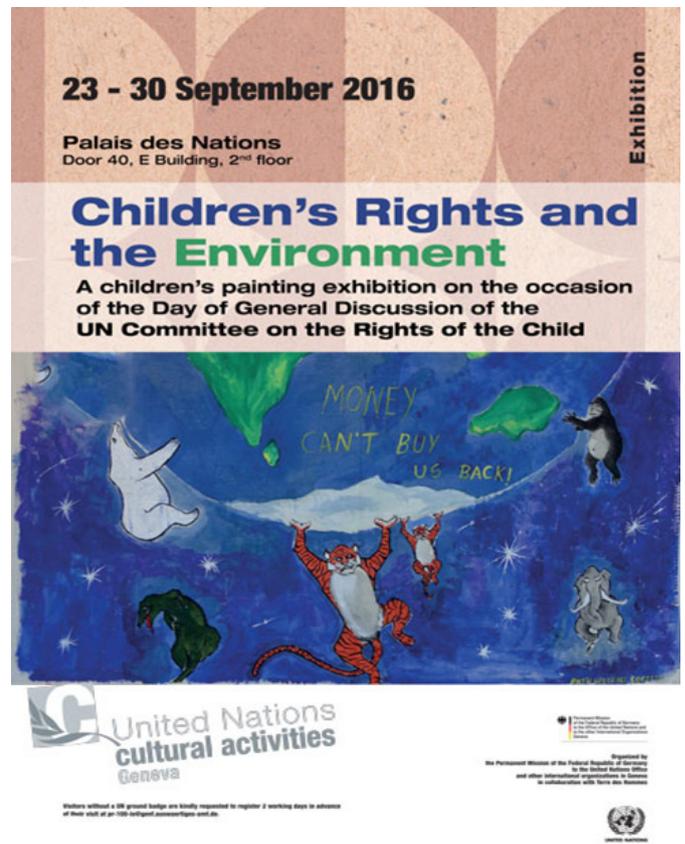


In picture Jörg Maywald, Miri Keren and Maree Foley.

On Friday 23 September, 2016, Miri Keren and Maree Foley represented WAIMH at a United Nations (UN) meeting in Geneva. The meeting was a special a Day of General Discussion on Child Rights and the Environment. Miri and Maree attended this meeting as part of WAIMH's initiative on the Rights of Infants. This article reports on the day.

Prior to this meeting, Kai von Klitzing (President of WAIMH) with Board members had written a letter to Mr Mezmur (Chairperson, United Nations Committee on the Rights of the Child (CRC)). This letter outlined the goals of WAIMH and our wish to engage in conversation about the role of infant mental health as an under represented dimension of child rights. In addition, Kai had also introduced us electronically to Prof. Dr. Jörg Maywald (Berlin) and Lothar Krappmann (former member of the CRC).

The day was scheduled for 9 am to 4 pm. Upon arrival at the UN we first had to clear security. At the UN security check point we were administered identity cards that gave us access to the UN premises. The UN is a huge complex. It comprises a web of buildings as well as the international flag corridor at the front entrance. It was exciting and daunting to be there. We both agreed it was wonderful to be there together representing WAIMH.



Art Credit: PATH Welfare Society (<http://www.pathwelfaresociety.com>)

As we were at the UN in good time before the meeting stated we had an opportunity to view an art exhibition that was running in conjunction with the meeting. The exhibition presented work from the Terre des Hommes International Federation, a leading Swiss child relief agency (<https://www.tdh.ch/en>).

The exhibition was called: Empowering children to create a healthy environment. The artists were children from the PATH Welfare Society (<http://www.pathwelfaresociety.com>); a recipient organisation of support from the Terre des Hommes International Federation.

During the day meeting we met with Mr Mezmur in person just after his opening address. He advised us that the WAIMH letter had been forwarded to the CRC Bureau. He also said he would make sure it was placed on their agenda and took note of WAIMH as an organisation. He also made a special effort to seek us out after lunch to reassure us that he had received the letter and passed it on and that he held us in mind.

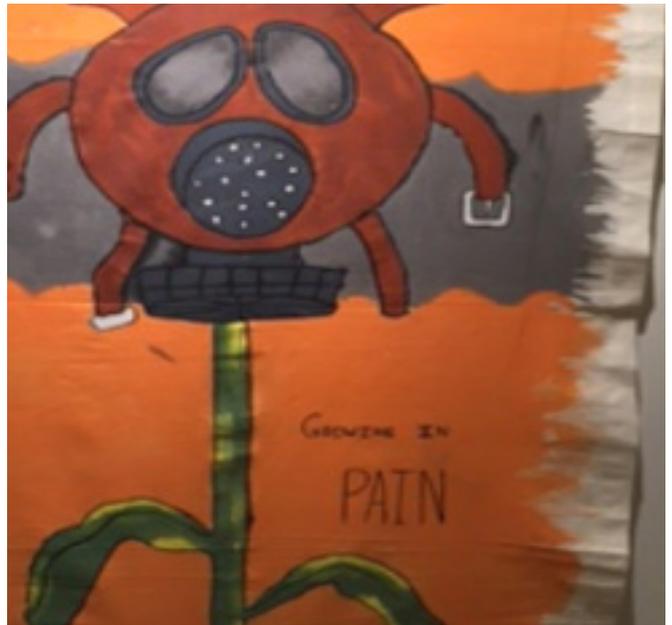
It was super to meet Jörg in person. We had just talked with Mr Mezmur who in turn pointed us out to Jörg. We had a very enjoyable encounter with Jorge and he generously offered very helpful suggestions to help us navigate a pathway within the UN system.

Jörg suggested:

1. In his view, many of the people who deal with the child rights convention, while very knowledgeable also needed to be more explicitly knowledgeable about the unique needs and rights of infants;
2. That WAIMH endeavour to find a child rights expert with an interest in infants/ young children to represent each continent; and
3. When the day comes and we have a joint WAIMH and CRC committee meeting (probably in Geneva) that we could have a half day preparation meeting, before this meeting. He also said he would be happy to join us.

Key findings from the day

- * The link between the environment and the rights of the child has not been explicitly stated. As a result, this has led to a specific recommendation to add a general comment to the CRC.
- * Under 5's were mentioned: 600,000 children under 5, die from indoor and outdoor pollution every year. 25% of all deaths of children under 5, are related to environmental toxins.
- * Even though there is legislation it is often not enforced in industry and business. For example, in gold mining and the problematic corruption between government and business.
- * The acknowledgement of: Nature deprivation syndrome as an effect of children's and parents fear of playing outside due to a toxic environment such as radiation.
- * There was a request from participants to place the burden of proof on those



Art Credit: PATH Welfare Society (<http://www.pathwelfaresociety.com>)

who pollute the environment and not on the victims.

- * In addition to targeting interventions towards national governments and regional councils, on behalf of WAIMH we suggested to also include parents as a target of intervention. For instance, providing them with information about the impact of the environment on their child's development.
- * Children's active participation in the committee discussion: For example, children's participation from Africa and India related to the environmental toxins in their communities.

Infant Rights statement. This would emphasize a point of difference to what is already stated in the Convention and would help abate arguments that our position on infants is redundant as it is already voiced in the current articles of the convention.

WAIMH and the Development of Infant Rights: New Actions to Consider

These key findings made us think of seeking the voice of parents of infants about what they perceive as their rights, in different countries.

Further actions to consider include:

1. To plan a meeting between WAIMH and the CRC.
2. Locate a person within UNICEF in different parts of the world to help us build a relationship with regional UNICEF personnel who have a special interest in advocating for the rights of infants;
3. To place more emphasis on the rights of parents of infants in our WAIMH

The World in WAIMH

In June of 2013, the editors of the *Perspectives in Infant Mental Health* announced the birth of an occasional column, *The World in WAIMH*, intended to generate reflection and dialogue on the roles of context, culture, and community in infant mental health around the world. Our shared hope is that this will offer a space for questioning, challenge, dialogue and interdisciplinary discussion. We are calling for:

- commentary,
- field reports,
- case studies,
- concept or theory building papers,

- research articles,

- book reviews,

- literature reviews,

- and (when proper permission can be obtained) adaptations of previously published articles

In our globalized world, every infant and family is affected by forces far beyond their reach, forces that may strengthen, hinder, or undo the work of infant mental health professionals. To be a truly global organization, WAIMH will increasingly need to understand and develop strategies to address these forces. To foster healthy early development around the world, WAIMH will need to extend its reach, and to learn from contexts, cultures and communities that are not or only minimally represented in its current membership. Among the many questions to answer are:

- What processes can contribute to a more inclusive and expansive knowledge base?

- What kinds of partnerships – with members of cultures not yet represented within WAIMH, with other organizations, with other disciplines such as cultural anthropology or community psychology – are needed to truly put the world in WAIMH?

We look forward to your reflections and hope that vigorous dialogue in this reflective space will ensue. Joshua Sparrow, Director of Planning, Strategy and Program Development at the Brazelton Touchpoints Center (Boston Children's Hospital/Harvard Medical School), conceived of this column and coordinates it.

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What follows is a piece from the 2014 Summer issue of *Perspectives*, "What to do about the Babies? Ten Questions for Nelson Mandela and Martin Luther King."



What to do about the babies? Ten Questions for Nelson Mandela and Martin Luther King (reprint)

By Joshua Sparrow, Harvard Medical School, Boston, USA,

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This piece was first published in *Perspectives in Infant Mental Health* Vol. 22 No. 2-3 (Summer 2014) at the time of the shooting of Michael Brown in Ferguson, Missouri. Since then more violence: more innocent African American boys and young men have been murdered, more terrorist attacks - in Paris, Orlando, Nice, San Bernardino, Berlin and elsewhere. Fear and hatred are on the rise, trumping reason, and the unacceptable is at risk of becoming the new normal. We turn again to Martin Luther King and Nelson Mandela to reaffirm what is good and right, and to ask what we all can do for babies and their families.

Q. 1. What is going on?

A. I refuse to accept the view that mankind is so tragically bound to the starless midnight of racism and war that the bright daybreak of peace and brotherhood can never become a reality... I believe that unarmed truth and unconditional love will have the final word.

Martin Luther King, Jr., Acceptance Speech on the occasion of the award of the Nobel Peace Prize in Oslo, December 10, 1964

Q. 2. Where does it start?

A. No one is born hating another person because of the color of his skin, or his background or his religion. People must learn to hate, and if they can learn to hate,

they can be taught to love, for love comes more naturally to the human heart than its opposite.

Nelson Mandela, *The Long Walk to Freedom*, 1994

Q. 3. Can reflection help lead to healing and peace?

A. We must develop and maintain the capacity to forgive. He who is devoid of the power to forgive is devoid of the power to love. There is some good in the worst of us and some evil in the best of us. When we discover this, we are less prone to hate our enemies.

Martin Luther King, Jr., *Where Do We Go From Here?* 1967



Q. 4. When a nation fails to deploy every possible resource to protect its children, it has lost its moral compass. When a nation harms its children, it has lost its way. How do we find ours?

A. We must learn to live together as brothers or perish together as fools.

Martin Luther King, Jr., Speech in St. Louis, Missouri, March 22, 1965

Q. 5. The survival and wellbeing of the world's children is the shared responsibility of all humanity. Can babies help bind us together?

A. There can be no keener revelation of a society's soul than the way in which it treats its children.

Nelson Mandela from the launch of the Nelson Mandela Children's Fund, Mahlamba Ndlopfu, Pretoria, South Africa, 8 May 1995

Q. 6. One of the most destructive results of relentless terror is that it can inure us to its effects. Fear and hopelessness so readily lead to paralysis and silence. Can our voices help restore hope?

A. Our lives begin to end the day we become silent about things that matter.

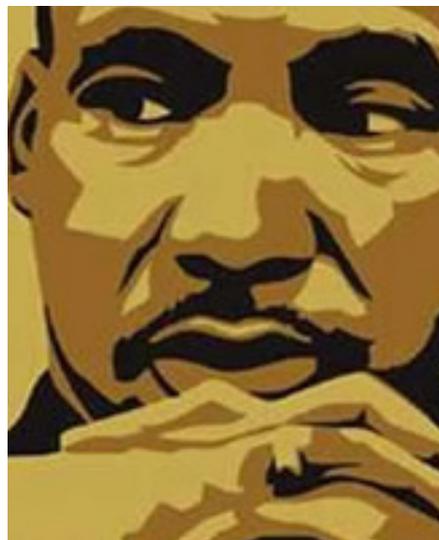
Martin Luther King Jr., in *I Have a Dream: Writings and Speeches That Changed the World*, James M. Washington (Editor), 1986

Q. 7. What can we do when our most fundamental beliefs and values are trampled? What can we say when we speak out?

A. We pledge ourselves to liberate all our people from the continuing bondage of poverty, deprivation, suffering, gender and other discrimination.

Nelson Mandela, Inaugural speech, Pretoria, May 11, 1994

(It seems reasonable to think that Mandela may have been speaking here for all people about all people.)



Q. 8. How do we take action when the challenge seems insurmountable?

A. Human progress is neither automatic nor inevitable... Every step toward the goal of justice requires sacrifice, suffering, and struggle; the tireless exertions and passionate concern of dedicated individuals.

Martin Luther King, Jr., *Stride Toward Freedom: The Montgomery Story*, Harper & Brothers, 1958

Q. 9. What can we do?

A. Courageous people do not fear forgiving, for the sake of peace.

Nelson Mandela in an interview with Anthony Sampson, published in "The Observer" (Sunday, May 1, 1994).

A. If you want to make peace with your enemy, you have to work with your enemy. Then he becomes your partner.

Nelson Mandela, *Long Walk to Freedom*, 1995

A. Darkness cannot drive out darkness; only light can do that. Hate cannot drive out hate; only love can do that.

Martin Luther King Jr., *A Testament of Hope: The Essential Writings and Speeches*, James M. Washington (Editor), 1986

Q. 10. Will we succeed?

A. It always seems impossible until it's done.

Nelson Mandela, speech at Harvard University, 1998

Brazeltontouchpoints.org

Childrensdefense.org

Savethechildren.org

Unicef.org

WAIMH.org

WAIMH Affiliates News

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Greetings to all WAIMH Affiliates. This brief update addresses: new WAIMH Affiliates, news about a forthcoming new area on the WAIMH website for Affiliate Council members, a reminder about the WAIMH guidelines to how your affiliate can go about seeking and accessing regional training; and a reminder to keep the WAIMH office updated with any changes in your affiliate contact details.

New WAIMH Affiliates: Welcome

Over the past couple of months, the WAIMH Board have approved two new WAIMH Affiliate applications. The first from Wisconsin, USA and the second from New York, USA. Welcome Wisconsin and New York. Furthermore, in this edition there is also an introduction from the Wisconsin affiliate for you to enjoy. Both Wisconsin and New York are engaged in an array of exciting programmes and activities.

The WAIMH website and a special area for AC Presidents/Executives

A special page within the WAIMH website for WAIMH Affiliate Council Members is being set up and will be active for members to access from January 2017. This Affiliates Council arena is being set up with the expertise and support of the team in the WAIMH office.

This new page has been developed in response to feedback received at our Affiliate Council meetings for a mechanism that allows us all to more easily share information between affiliates. For example, information about training, education, infant mental health resources

as well as governance issues at the affiliate level.

To access this page, Affiliate Council members and WAIMH Board and Executive members will be able to log into the WAIMH web page. Once logged in, you will be able to access the Affiliates Council page.

Training and knowledge sharing for WAIMH Affiliates

A core task of the Affiliates Council (AC) involves identifying and facilitating the meeting of affiliate needs at varying stages of their development. From study groups through to established affiliates there is a need for ongoing training and supervision and the sharing of infant mental health knowledge, skills and competent practice training.

In response, the WAIMH Board welcome requests from affiliates and where possible are happy to support groups through accessing online webinars, online cyber-guests and facilitating the availability of keynote speakers. The WAIMH website outlines specific details concerning how your affiliate might directly apply for WAIMH support access. Some of these details are outlined below:

Guidelines for Regional Meetings

One way to attract members to your Affiliate is to host a Regional Meeting on Infant Mental Health. The WAIMH Executive Committee adopted the following guidelines for regional meetings in 1992.

Guidelines for Proposals for Regional Meetings

The purpose of Regional Meetings for WAIMH, in general, is different from that of World Congresses. In most cases, they are intended to stimulate interest in infant mental health concerns in that region of the world and to help the local group bring together interested individuals. Any earned monies beyond expenses from the Regional Meetings is shared with WAIMH with 50% going to the local group and 50% going to WAIMH. (It is possible that in some parts of the world, a larger Regional

Meeting might be a more appropriate format than a World Congress. These special arrangements will be made in consultation with the Executive Director.)

A letter of intent to have a Regional Meeting should be submitted to the Executive Director.

Note: Regional Meetings and World Congresses are co-sponsored activities with WAIMH and must have approval of the WAIMH Executive Committee before they are official events. Affiliates may have meetings for their membership at any time; such meetings are not co-sponsored by WAIMH unless explicitly approved by the Executive Committee.

The WAIMH Board are currently engaged with the task of updating all information on the website. As a result, some of the above details may be revised. The Board will advise WAIMH affiliates of any proposed changes.

In addition, the AC are organising a pre-congress event at the WAIMH Rome Congress in 2018. This event is currently being planned in conjunction with the WAIMH Program committee.

Keeping the WAIMH Office updated with any changes in affiliate contact details

The WAIMH office staff are working to update affiliate data into the WAIMH website. We understand that these details change over time as executive personnel change. We appreciate you updating the WAIMH office about these changes so we can always keep in touch with you with regards to affiliate council matters.

We wish you all the very best with your affiliate activities over the next months. We are always pleased to hear from you: your news, queries and challenges.

For any enquiries please contact us.

The Wisconsin Alliance for Infant Mental Health, USA

By Lana Nenide, Executive Director

The Wisconsin Alliance for Infant Mental Health (WI-AIMH) was established in 2001 as a statewide non-profit organization to promote infant and early childhood mental health through raising public awareness, developing professional capacity and advocating for policies which are in the best interest of infants, young children and their families.

The vision of the organization is to aim for all Wisconsin infants and young children to reach their fullest potential through nurturing and consistent relationships within the context of family, community, and culture.

One of the critical elements of WI-AIMH's work has been developing professional capacity for all those who work with or on behalf of infants, toddlers, and their families. Since 2009, WI-AIMH has offered Wisconsin professionals the opportunity to earn the Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health, a national and international workforce development initiative. WI-AIMH also holds an annual Infant and Early Childhood and Mental Health Conference, featuring nationally-known speakers as well as presenters from around Wisconsin who share information about promoting social and emotional development in everyday activities, as well as early intervention and treatment strategies for infants, young children, and their families. Since its inception, conference participation has grown steadily, with last year's conference drawing over 300 attendees.

Additionally, WI-AIMH coordinates statewide professional development projects: Home Visiting Reflective Practice Project and Pyramid Model for Social and Emotional Competence. Home Visiting Reflective Practice project, started in 2011, provides on-site reflective consultation to state-funded home visiting sites; and the Pyramid Model, launched in 2009, offers evidence-based strategies for parents and professionals to support optimal social and emotional development and prevent challenging behaviors.



In an effort to increase public awareness of the importance of Infant Mental Health and provide support throughout Wisconsin, WI-AIMH began efforts towards establishing regional chapters as a local resource for professionals across systems in disciplines that touch the lives of infants, young children and their families. The Northeast chapter was formally launched in 2016, with additional chapters currently in development for introduction in 2017 and 2018.

As “the voice for Wisconsin babies,” WI-AIMH has also worked with local legislators and policy-makers to share information related to early brain development and how very early experiences and first relationships influence a child's success, health, and well-being. To this end, WI-AIMH staff members have testified before legislative committees, participated in state advisory and policy meetings, and led efforts to establish an infant-toddler policy workgroup in Wisconsin, which is charged with: increasing access to infant mental health consultants, expanding home visiting, establishing infant/toddler specialists, and using Medicaid to fund infant and early childhood mental health consultation.

WI-AIMH strives for each and every child to have a strong foundation for life-long success. WI-AIMH has been a long-standing member of the Alliance for the Advancement of Infant Mental Health and is thrilled to now be formally part of the WAIMH family. Website link: www.wiaimh.org.

Highlighting Emerging Scholars

By Jennifer Champagne, Early Childhood Consultant, Michigan

Relationships Count: A Professional Learning Series for Early Interventionists

A qualitative study that examines the core components and perceived benefits of reflective consultation for early interventionists.

Reflective consultation is a form of professional development that addresses a relationship-based approach to service delivery. However, there have been few published empirical studies about the construct of group reflective consultation. The purpose of the qualitative study of the Relationships Count series was to examine core components and perceived benefits for early interventionists. The series consisted of monthly group

sessions that were facilitated by an infant mental health specialist. The participants included 10 early interventionists from a large Midwestern county. Data collection methods included interviewing early interventionists and observing, recording, and participating in 10 monthly reflective consultation sessions during 2013-2014. Coding, concept mapping, and comparative analysis of data were used to examine what happened during the series as well as to identify and describe perceived benefits for early interventionists.

The findings indicate core components of facilitation and participation contributed to a relationship-based approach to supporting the professional development of early interventionists. Specifically, the findings indicate that case discussion, observation, practice, and experiences of

a relationship-based approach through reflective consultation were associated with increasing practitioner competencies when working with children and families, specifically: using gentle inquiry, reflecting on thoughts and feelings, active listening, supporting without problem-solving, and promoting parental competence. Early interventionists identified that participation strengthened feelings of competence and self-confidence in their ability to support children and families.

More information about the Relationships Count series including handouts, resources, and the completed dissertation is available at: www.reflectiveconsultation.weebly.com

The *Infant Mental Health Journal*: Three Important Publications

The *Infant Mental Health Journal* (IMHJ) announces three issues of relevance to research and practice in the WAIMH community.

The first publication, Special Issue: *New Approaches to Classifying Disorders of Infancy and Early Childhood* (Volume 37, Issue 5), September-October 2016, is co-edited by Antoine Guedeney and Charles Zeanah. All of the articles address the recently revised and expanded classification system, *Diagnostic Classification for Infants and Young Children (0-5)*. The revision was chaired by Charley Zeanah with committee members Alice S. Carter, Julie Cohen, Helen Egger, Mary Margaret Gleason, Miri Keren, Alicia Lieberman, Kathleen Mulrooney and Cindy Oser. Contributors to the IMHJ include members of the ZERO TO THREE and WAIMH communities.

The second issue, *Advances in Reflective Supervision and Consultation: Pushing Boundaries and New Ideas into Training and Practice* (Volume 37, Issue 6), November-December 2016, is co-edited by guest editors, Joy D. Osofsky and Deborah J. Weatherston. The articles in this issue offer a variety of perspectives on reflective practice from research faculty and practitioners who work in different

settings and represent a variety of cultures and disciplines including psychiatry, education, psychology, pediatrics, and social work. Authors include: Joshua Sparrow, Mary Claire Heffron, Christopher Watson, Alexandra Harrison, and Astrid Berg, among others.

The third volume, *Psychology of Boys at Risk: Indicators from Birth to Five*, is co-edited by Hiram E. Fitzgerald, Paul Golding and Marvin McKinney. This issue of the *Infant Mental Health Journal* directs the reader to evidence pointing to biopsychosocial factors that elevate risk for poor developmental outcomes for boys from the antenatal period to postnatal age 5. Research, practice, and policy articles collectively challenge the extent to which infant mental health researchers, practitioners, and policy makers are attuned to the vulnerabilities of boys during the earliest years of development. The special issue, to be published in Spring of 2017 (Volume 38, Issue 2) includes contributors such as Allan Schore, Daniel Shaw, Iheoma Iruka, Hiram Fitzgerald, Natasha Cabrera, Leon Putter, Paul Golding, Carolyn Dayton, Marjorie Beeghley, Deborah Weatherston, Paul Golding, Marvin McKinney, and Michelle Sarche. These original articles are expanded versions of papers presented at the 2014 Santa Fe conference on Boys at

Risk, which was organized and supported by the Santa Fe Boys Educational Foundation.

Note: WAIMH members receive the IMHJ (print and/or on-line) at a special subscription rate. [To subscribe to the IMHJ as a WAIMH member or to renew your subscription today.](#)

The advertisement for the *Infant Mental Health Journal* features a central image of the journal cover. The cover is blue and white with the title 'INFANT MENTAL HEALTH JOURNAL' in large, bold letters. Below the title, it says 'WILEY' and 'Infant Mental Health'. To the right of the cover, there is a circular badge with text: 'Psychology • Pediatrics Psychiatry • Social Work Early Childhood Special Education • Nursing Early Intervention'. Below the cover, there is a call to action: 'Get access to the latest research and subscribe today at wileyonlinelibrary.com/journal/imhj'. Below that, it says 'Editor: Paul Spicer, PhD'. There is a list of three steps to activate 60 days of free access: 1. Log in or register for a Wiley Online Library account at wileyonlinelibrary.com. 2. Go to 'My Profile' and select 'Trial Access' from the left-hand menu. 3. Enter the trial access code IMHJFREE (case-sensitive). At the bottom, there is more information on the journal and membership can be found at the following websites: www.imhjournal.org and www.wiley.com. The WILEY logo is at the bottom right.

News from the WAIMH Central Office

By Päivi Kaukonen, Executive Director,
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Dear members,

We hope the year 2016 has been productive for you, and full of inspiring moments with infants and their families! Once again, we here in the Northern Hemisphere are celebrating as the winter slowly starts turning to spring, while for you in the South the summer is at its best. During the year 2016, we have seen, heard and also experienced things that make us worry for the future of infants all over the world, which makes it now more important than ever that us WAIMH members make our voice heard everywhere in speaking for infants.

Infant's Rights document

This year was special for WAIMH, since the Board launched the [Infant's Rights document](#) prior to the Prague World Congress. We were excited to present the position paper, and we hope you have noticed its value for the development of child-centered services worldwide.

The [Infant's Rights document](#) was also publicized in October 2016 during Celebrate Babies Week, and you can view the insights offered on WAIMH's Facebook page.

Prague World Congress

We loved meeting all of you in beautiful Prague in June 2016! Our warmest thanks to all of you who took the time and energy to send us your feedback. We will do our best to improve our next World Congress accordingly.

Rome World Congress

The 16th World Congress of WAIMH will take place in Rome, on May 26–30, 2018. The Call for Papers will be opened in February, so please prepare a presentation to give in this eternal city.

Membership renewal

As the year ends, it is also time to renew your WAIMH membership for 2017. Becoming a WAIMH member brings you several benefits:

You can subscribe to the [Infant Mental Health Journal](#) at a greatly reduced member rate. The subscription fee includes access to the Wiley database for the electronic version of the journal.

You can download [Perspectives in Infant Mental Health](#) (formerly The Signal), WAIMH's quarterly newsletter, from WAIMH's website. This major interdisciplinary, international communication link for infant mental health professionals is an open access publication.

You will receive reduced registration rates for regional conferences and for WAIMH's World Congresses.

You will have access to WAIMH's database, an information network for infant mental health professionals.

The professional membership rate is \$75.00 annually. Students pay \$45.00. The membership fee is a yearly cost (Jan–Dec).

Both professional and student members may receive the *Infant Mental Health Journal* (IMHJ) at an additional cost.

The additional cost for a subscription to the journal (Print + Electronic) is as follows:

\$50 (USA)

\$52.50 (Canada, including \$2.50 tax)

\$63.00 (international orders);

Electronic only, \$40 (worldwide).

The WAIMH membership application, renewals and IMHJ subscriptions can be completed online; for renewals, [log in at the WAIMH website](#).

Our warmest greetings to all of you from WAIMH's Central Office!

